

Name  
in  
Full

Samuel George Bradshaw.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Goto</i> Town		County <i>Kent</i>		MARYLAND	
Date of death	1908	Month	Feb.	Day	27
Age		About		Years	23
Sex	<i>Male</i>		Color or Race	<i>Colored</i>	
Occupation	<i>Laborer</i>		Birth-place	<i>Maryland</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Samuel Bradshaw.</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Mary Hilmer.</i>			Mother's Birthplace	
Name of person giving information	<i>Walter L. Bradshaw.</i>			How related to deceased	<i>Brother</i>

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>About 2 years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>H M Jeter</i>	
		Address	
		<i>Millington, Md.</i>	
Accident or Suicide?			



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at <i>Still Pond</i>		Town <i>Butler</i>		County <i>Prince</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>7th</i>		Day <i>29</i>		Age <i>26th year</i>	
Sex <i>male</i>		Color or Race <i>col</i>		Birthplace <i>Butler town</i>			
Occupation <i>--</i>				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>James T Butler</i>				Father's Birthplace <i>Princeton</i>			
Mother's Maiden Name <i>Mary R Thomas</i>				Mother's Birthplace <i>Greenbelle</i>			
Name of person giving information <i>James T Butler</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

Primary

*Still Born.*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

*yes.*

Signature of Physician

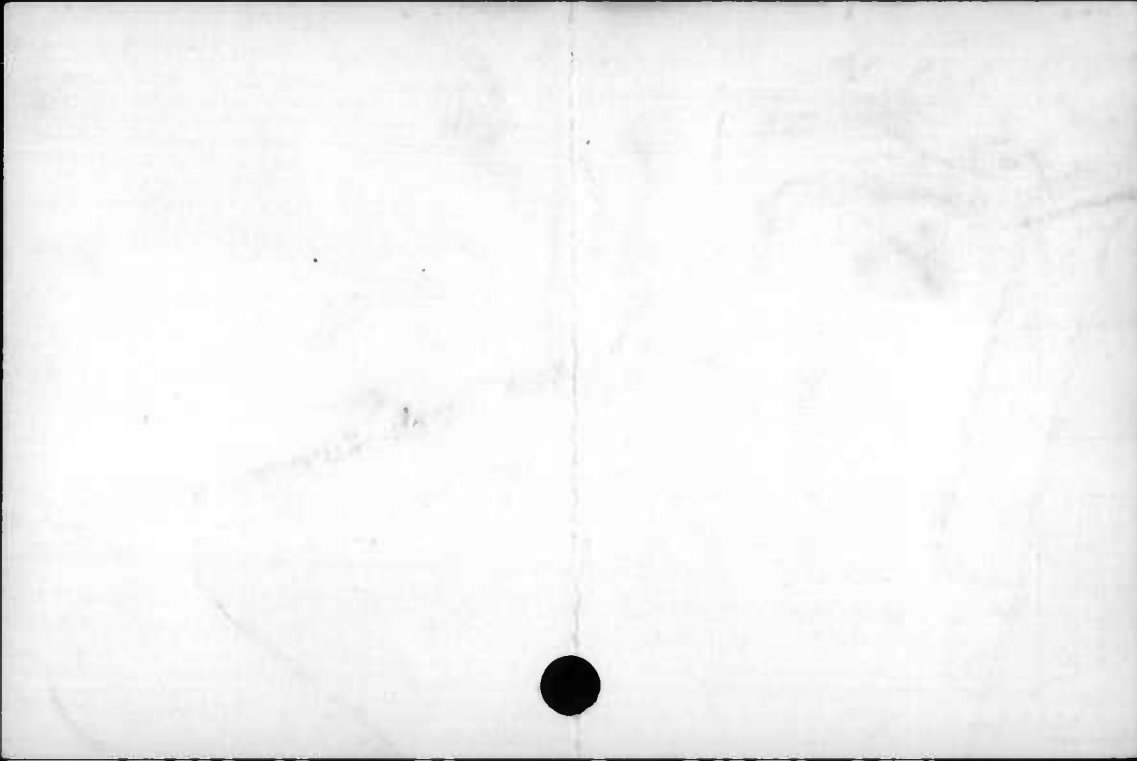
*Wm. S. Maywell,*

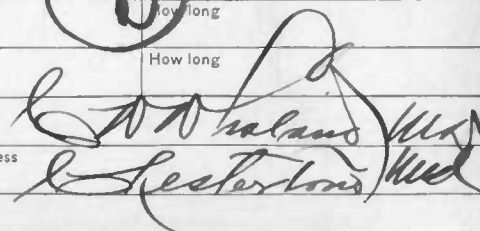
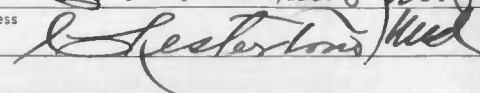
Address

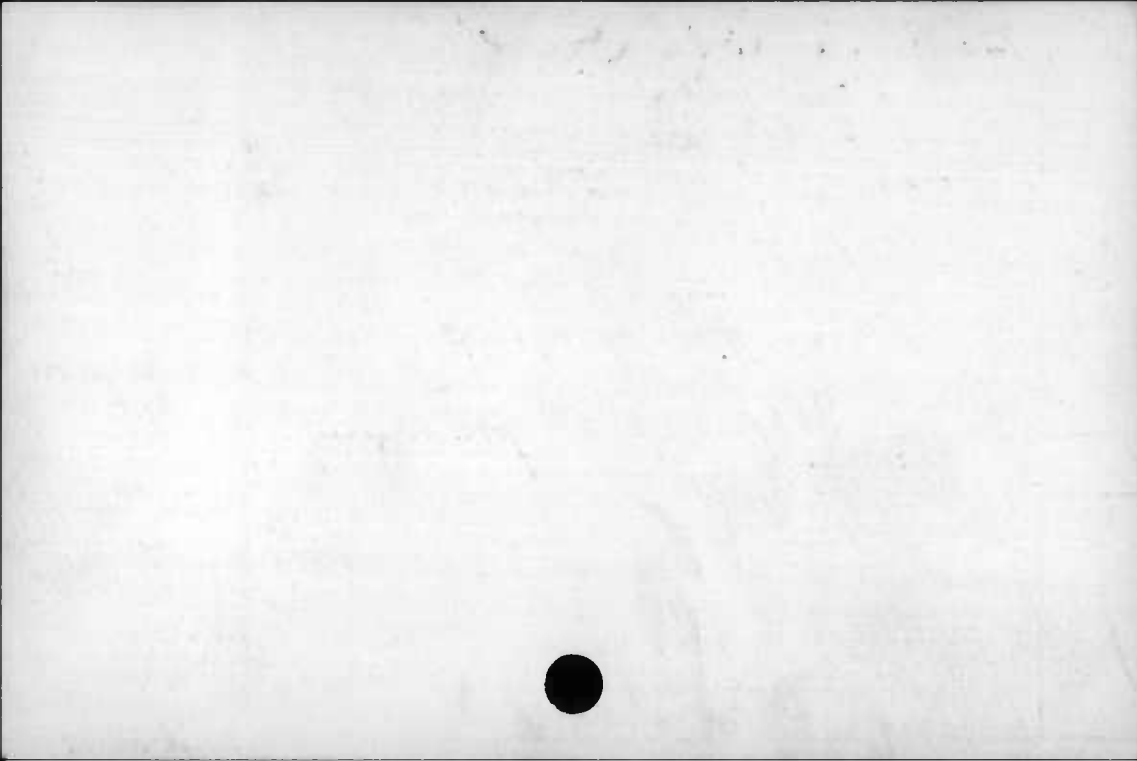
*Still Pond. Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full		Still Born. Cotton				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at	Chester		16th		MARYLAND				
	Date of death	1908	Month	July	Day	21	Age	Years	Months	Days
	Sex	Male		Color or Race	Black		Birth-place	Chester		
	Occupation				Where Residing if not at place of death					
	Married, Single or Widowed				Name of Wife or Husband					
	Father's Name	Michael Cotton					Father's Birthplace	Kent Co Md		
PHYSICIAN OR CORONER	Mother's Maiden Name	Anna M. Jeffers.					Mother's Birthplace	Chester Md		
	Name of person giving information	Michael. Cotton					How related to deceased	Father		
	<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;"> <input checked="" type="checkbox"/> S </div>									
PHYSICIAN OR CORONER	Primary						How long			
	Immediate						How long			
	Are the name, age, sex, color, date and place correctly given above?						Signature of Physician			
	Address						Address			
<div style="display: flex; justify-content: space-between;"> <span>Accident or Suicide?</span> <span></span> </div>										



Name in Full		Benjamin Ross Surling				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Town <i>Edenville</i>		County <i>Kent</i>		MARYLAND		
		Date of death 1908		Month <i>Feb</i>	Day <i>20</i>	Age <i>77</i>	Years <i>8</i>	Months <i>—</i>
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>		
		Occupation <i>Carpenter</i>		Where Residing if not at place of death				
		<input checked="" type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed		Name of Wife or <del>Husband</del> <i>Martha H Stevens</i>				
Father's Name <i>John T. Surling</i>		Father's Birthplace <i>Baltimore Md</i>						
Mother's Maiden Name <i>Mary Redw</i>		Mother's Birthplace <i>Not Known</i>						
Name of person giving information <i>Ella A Burgess</i>		How related to deceased <i>Daughter</i>						
		CAUSES OF DEATH				<div style="border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">179</div>		
PHYSICIAN OR CORONER <i>H</i>		Primary <i>General debility</i>		How long <i>3 months</i>				
		Immediate <i>Exhaustion</i>		How long <i>3 days</i>				
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Walter O. Selby MD</i>				
				Address <i>Rock Hall Md.</i>				
Accident or Suicide?								





Name  
in  
Full

*Solomon James*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rock Hill</i> <sup>Town</sup>		<i>Kent</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Feb.</i>	Day <i>9</i>	Age <i>18</i> Years	Months <i>8</i> Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Kent Co.</i>		
Occupation <i>house fire</i>			Where Residing if not at place of death <i>Rock Hill, Md.</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Walter James</i>			Father's Birthplace <i>Kent Co.</i>		
Mother's Maiden Name <i>Jane Mundy</i>			Mother's Birthplace <i>Kent Co.</i>		
Name of person giving information <i>Edna James</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

94

PHYSICIAN  
OR CORONER

Primary	<i>Pleurisy</i>	How long	<i>9 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Walter O. Kelly M.D.</i>	
<i>Yes</i>		Address <i>Rock Hill, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Alexander Hamilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

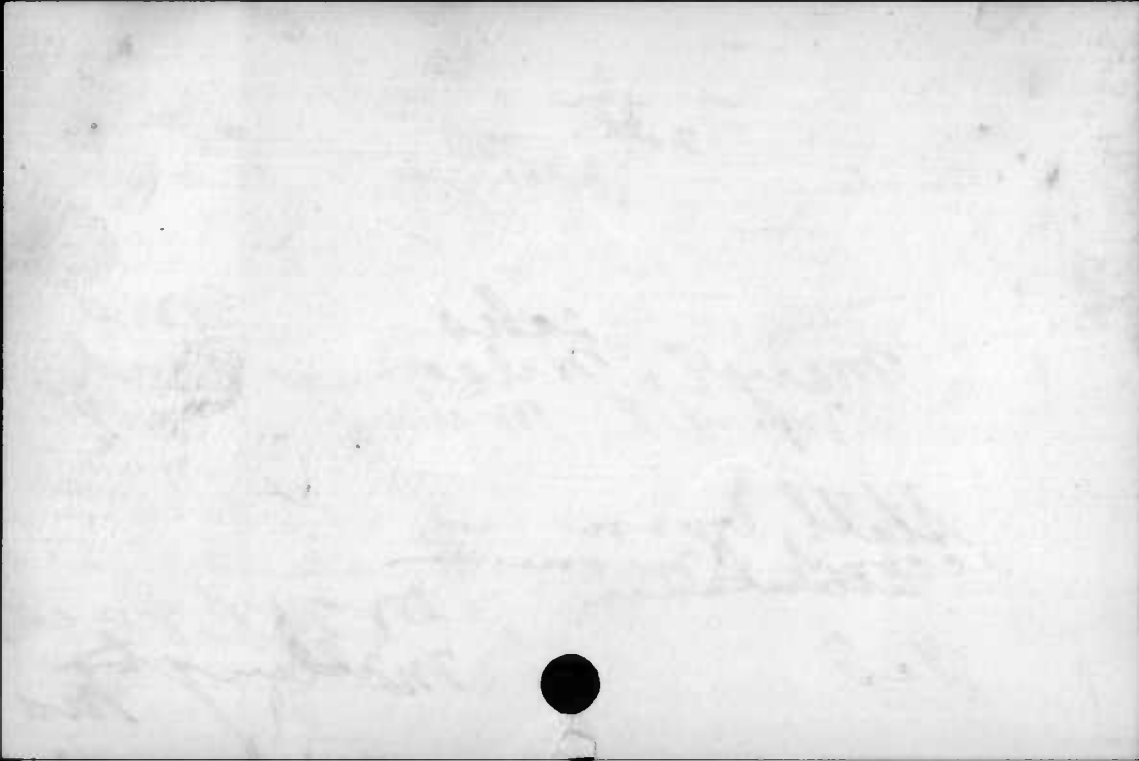
Died at <u>Chester</u> <sup>Town</sup>		<u>York</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u> <sup>Month</sup> <u>Feb</u> <sup>Day</sup> <u>1</u>		Age <u>22</u> <sup>Years</sup>		<u>0</u> <sup>Months</sup> <u>0</u> <sup>Days</sup>	
Sex <u>Male</u>		Color or Race <u>Col</u>		Birth-place <u>Ind</u>	
Occupation <u>Farm hand</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>John Hamilton</u>		Father's Birthplace <u>Va</u>			
Mother's Maiden Name <u>Lydia Massey</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>John Hamilton</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>2 yrs</u>
Immediate <u>Exhaustion</u>	How long <u>several weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm Dr Attending</u> <u>Nov 1907</u>
	Address <u>119 Sumpers Sec</u> <u>Local Board of Health</u> <u>Chester, W. Va.</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

No Name Hicks

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> near <sup>County</sup> Millington Otter

Date of death 1908 <sup>Month</sup> July <sup>Day</sup> 20th <sup>Years</sup> Age <sup>Months</sup> <sup>Days</sup>

Sex Male Color or Race Black Birth-place Kent Co Md

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Willard Hicks Father's Birthplace Md

Mother's Maiden Name Mary E. Wilson Mother's Birthplace Md

Name of person giving information Mary E. Wilson How related to deceased Mother

CAUSES OF DEATH

How long

How long

PHYSICIAN  
OR CORONER

Primary Still born ov.  
account I no one in  
Immediate attendance

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes Dr W H Gacore  
Geo C. Fourness J. P. Millington  
Md

Accident or Suicide

Body Reviewed by Geo. C. Loomis J.P.  
as follows

Name  
in  
Full

Theodore McFarland Farrell

CERTIFICATE OF DEATH

MARYLAND

Died at *New Pinnickville*County  
*Hent*Date  
of death *1908* *Feb*Day  
*16*

Age

Years  
*14*Months  
*7*Days  
*—*Sex  
*male*Color or  
Race*white*Birth-  
place*md*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*Forlan Farrell*Father's  
Birthplace*md*Mother's  
Maiden Name*Emma Cornelius*Mother's  
Birthplace*md*Name of person giving  
In formation*Lilly Cornelius*How related  
to deceased*Aunt.*

## CAUSES OF DEATH

**159**

Primary

*Guns shot wound of heart*

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*S. Love Perwick*

Address

*Acting Physician, Potters  
Kearneyville.*

Accident or Suicide?

*suicide**md*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER*H*

Still Pond



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Kennedyville</i> Town		County <i>Stent</i>		MARYLAND	
Date of death	1908	Month	Feb	Day	2
Age	75	Years	2	Months	—
Sex	Male	Color or Race	White	Birth-place	U. S.
Occupation	Woodman		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Annie Jefferson		
Father's Name	Wm Johnston		Father's Birthplace	Scotland	
Mother's Maiden Name	Matilda Hart		Mother's Birthplace	Scotland	
Name of person giving information	Sussie Johnston		How related to deceased	Daughter	

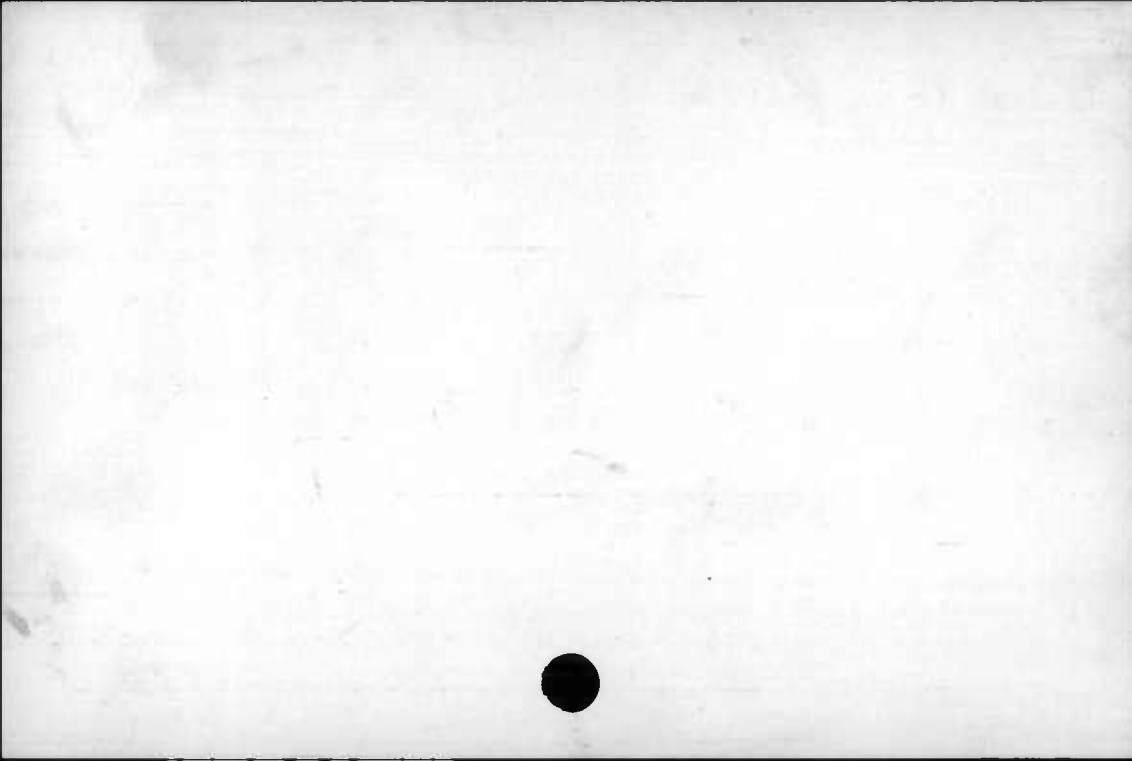
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>2 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		
Signature of Physician	<i>Jas. W. White</i>		
Address	<i>Kennedyville Md</i>		
Accident or Suicide?			

St George's

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Chestertown</u> <small>Town</small>		<u>Kent</u> <small>County</small>	
		Date of death <u>1908</u> <small>Month</small> <u>Oct</u> <small>Day</small> <u>23</u> <small>Age</small> <u>58</u> <small>Years</small>		<u>MD</u> <small>Months</small> <u></u> <small>Days</small>	
		Sex <u>Female</u> <small>Color or Race</small> <u>Col</u>		Birth-place <u>MD</u>	
		Occupation <u>Housewife</u>		Where Residing If not at place of death	
		Married, Single or Widowed <u>Married</u> <small>Name of Wife or Husband</small> <u>Joseph Jones</u>			
TO BE ANSWERED BY PHYSICIAN OR CORONER		Father's Name <u>Elitha Bedford</u>		Father's Birthplace <u>Unknown</u>	
		Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>	
		Name of person giving information <u>Jos Jones</u>		How related to deceased <u>Husband</u>	
CAUSES OF DEATH					
H PHYSICIAN OR CORONER		Primary <u>Tuberculosis</u> <input checked="" type="checkbox"/>		How long <u>about 1 year</u>	
		Immediate <u>Exhaustion</u>		How long <u>3 weeks</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>H. G. Simpson</u>	
				Address <u>Chestertown, MD</u>	
		Accident or Suicide? <u>No</u>			







Name  
in Full

Mr. Henry Clay Sutton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Chesapeake* Town *Kent* CountyDate of death *1908* *Feb* *4* *70* *—* *—* *—* *—*  
Month Day Years Months DaysSex *Male* Color or Race *White* Birth-place *Kent Co Md*Occupation *none* Where Residing if not at place of death ☒Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Benjamin F. Sutton*Father's Birthplace *Kent Co Md*Mother's Maiden Name *Mary E. Ann*Mother's Birthplace *Kent Co Md*Name of person giving information *W. A. Ford*How related to deceased *not any*

## CAUSES OF DEATH

67

Primary *Long Paralysis* How long *6 years*Immediate *Exhaustion* How long *5 weeks*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*B. W. Wheland*  
*Chesapeake Md*Accident or Suicide? *—*





Name  
in  
Full

Elegas Vance

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Chester* Town

*Kent* County

Date of death *1908, Feb.* Month

*9* Day

Age *92* Years

Months

Days

Sex *Female*

Color or Race

*Black*

Birth-place

*Kent Co Md*

Occupation

*none*

Where Residing if not at place of death

*→*

Married, Single or Widowed

*Married*

Name of Wife or Husband

*George Vance*

Father's Name

*Aaron Benton*

Father's Birthplace

*Kent Co*

Mother's Maiden Name

*Unknown*

Mother's Birthplace

Name of person giving information

*Mrs A Audron*

How related to deceased

*none*

CAUSES OF DEATH

**93**

Primary

*Pneumonia*

How long

*3 days*

Immediate

*Exhaustion*

How long

*3 days*

Are the name, age, sex, color, date and place correctly given above?

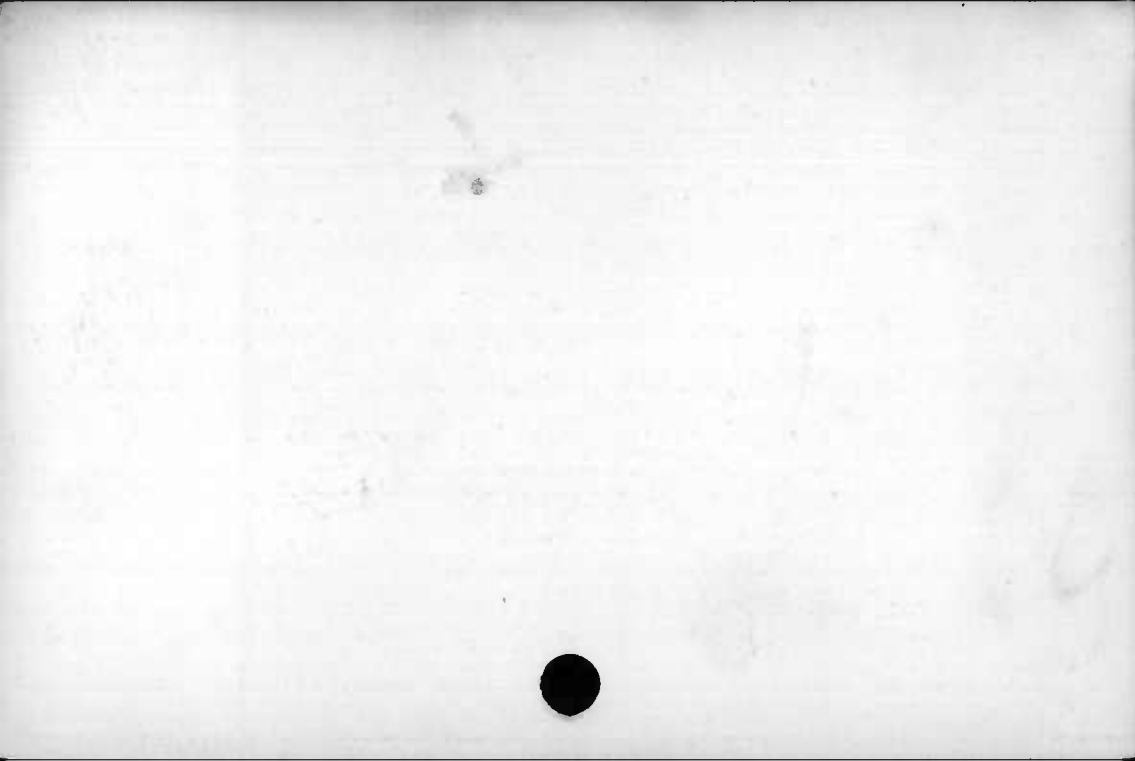
*yes*

Signature of Physician

Address

*B. H. Wheland  
Baltimore Md*

Accident or Suicide?



Name  
in  
Full

Francis Benton Warren

## CERTIFICATE OF DEATH

MARYLAND

Died at Betterton <sup>Town</sup>Kent <sup>County</sup>

Date of death 1908 Second

4th. Age 24

Months

Days

Sex Male

Color or Race White

Birth-place Delaware

Occupation Store Keeper

Where Residing if not  
at place of death

Betterton

Married, Single  
or WidowedName of Wife or  
Husband

Alice H. Kendall

Father's  
Name

Chas. B. Warren

Father's  
Birthplace

Del.

Mother's  
Maiden Name

Catherine Lamb

Mother's  
Birthplace

Wis.

Name of person giving  
information

Arthur P. Emerson

How related  
to deceased

Uncle by marriage

## CAUSES OF DEATH

27

Primary

Tuberculosis

How long

One year

Immediate

Heart failure

How long

Short time

Are the name, age, sex, color, date  
and place correctly given above?

Yes to

Signature of  
Physician

Jos. Laue Finley

Address

Betterton, Kent  
Co. Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

